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Lead Agent Shares Vision

BG Elder Granger, TRICARE Europe Lead Agent and European Regional Medical Center Commander, recently visited the TRICARE Europe office to meet the staff and share some of his work and life philosophy.

During his half-day visit, BG Granger said that TRICARE Europe is "going in the right direction to lead the rest of the military health care system."

Granger stressed the challenge of what he called "doing the right thing for the beneficiary at the right time." To meet this challenge, he said, we have to be willing to change as better and new ideas come along, we must accept personal responsibility, and we must foster a spirit of teamwork.

The General also discussed the way we communicate, emphasizing that we still need the human touch of a phone call or visit, despite the convenience of modern technology such as email.

"We need to get to know our beneficiaries," he said, "It's important that we talk to each other and keep each other informed."



BG Elder Granger

European Launch! TRICARE Online

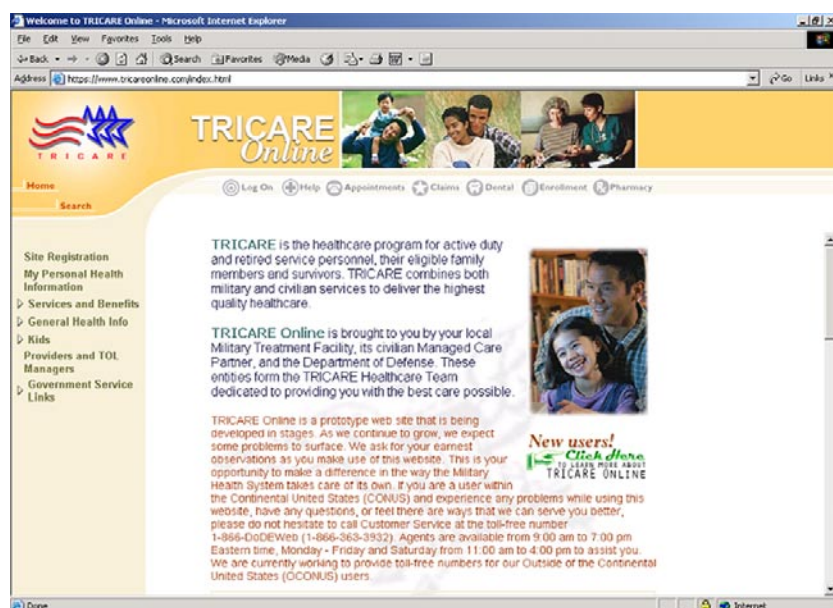
Capt Derek Eckley

TRICARE Europe Information Officer

TRICARE Online is here! TRICARE Online is a new Internet "gateway" to interactive services and information.

It is designed to allow TRICARE military health care beneficiaries take command of their own health care in a common, secure, user-friendly electronic environment.

TRICARE beneficiaries served by medical treatment facilities in Germany, Belgium, and Vicenza Italy and an additional 80 to 100 military treatment facilities participating in a test can register on the



Beneficiaries in Germany, Belgium, and Vicenza, Italy can now log on to TRICARE Online. Worldwide availability is anticipated by April 2003. Users may log on at www.tricareonline.com

See TOL, page 8

Moves to Standardize, Streamline This Fall

CAPT Barbara Vernoski

TRICARE Europe Executive Director

The Lead Agent and I hope you and your staffs were able to take some time off away from work to be with your families and re-energize yourselves this summer.

BG Granger and I also wish to extend a warm welcome to new TEO staff and MTF commanders (see page 14). We wish you and your families the very best as you begin yet another chapter of service to your country.

These past few months in TRICARE Europe have been very exciting ones for TRICARE Online. Congratulations to those MTFs who are participating in the region's TOL beta test. As a result of your outstanding effort, TRICARE Europe was the first of the four beta test regions to have this system completely up and running. Please extend our sincere thanks to all staff who made this possible!

"As a result of your outstanding effort, TRICARE Europe was the first of the four beta test regions to have [TRICARE Online] completely up and running."

— CAPT Barbara Vernoski

This August, we refocused our efforts on the TRICARE Europe Regional Medical Logistics Support Program, with an emphasis on clinical product standardization, thanks to the efforts of TEO Medical Director Col Jim Rundell and TEO Logistics Officer LTC Jim Signaigo. MTF commanders who have not yet received or seen the Lead Agent's July 25, 2002 memorandum encouraging facilities to purchase standardized products should contact CPT Mark Nelson at Mark.Nelson@us.army.mil.

In the middle of August, the Lead Agent and I attended a TMA meeting in Washington, D.C., where we were

briefed on the July 19th reorganization of Health Affairs (HA) and TMA. This reorganization double-hats the Deputy Assistant Secretaries of Defense (DASD) in Health Affairs with respective TMA roles. Dr. Winkenwerder, who recently became TMA Director, explained the changes were made to unify the HA/TMA leadership approach by better aligning the policy and execution aspects of these two offices.

The second change focused on the consolidation of the CONUS TRICARE regions from 11 to three: North, South and West. The consolidation goal is to establish a more uniform approach to TRICARE making it easier for beneficiaries to deal with the system while streamlining TMA administration. No decision has yet been made regarding the consolidation of the OCONUS TRICARE regions.

TMA is working with the service Deputy Surgeons General to finalize the governance plans for these three new regions as this new regional format must be in place prior to the T-Nex contract awards which are slated for mid to late 2003.

Dr. Winkenwerder emphasized his four future improvement targets for TMA.

First we must improve our maternal/child healthcare delivery in light of our beneficiaries access to more choice as of Oct. 1, 2002. Though this is the highest Diagnostic Related Group (DRG) within the MHS, our beneficiaries voice low satisfaction. We must find ways to make our families want to choose MHS care above all others.

Next, we need to increase access to care by moving forward with our TOL initiative, improve phone access, drive down standardization appointment types to the number required, and implement Open Access in those facilities best suited



CAPT Barbara Vernoski
Executive Director

for it.

Third, we must improve our Contractor/MTF relationship, and realize the role the MTF plays in contract performance.

Finally, we need to explore opportunities for sharing between DoD and the VA, examining how we can become more seamless and integrated.

Additionally, Dr. Winkenwerder said we need to improve our productivity through better access and cleaner data, make sure what we do we do well, encourage ideas to improve the way we do business, and utilize opportunities for jointness. These are the things that will establish the MHS as the premier provider of healthcare within our country.

I extend a personal thanks to Naval Hospitals Naples and Sigonella and their branch medical clinics, the 52 MDG at Spangdahlem Airbase, Germany, and Landstuhl Regional Medical Center for hosting TEO team visits. These 'field' experiences enabled us to better understand your issues and act as your advocates to TMA.

In closing, a reminder that the TMA Senior Enlisted Advisor, SgtMaj Harry Robinson, will be visiting our AOR in September to identify key issues from staff, our enlisted troops and their family members, and to get a better understanding of health care delivery in Europe.

Thank you again for doing the outstanding jobs you do in caring for those who serve. It is a pleasure for us at TEO to serve our nation with you!

TRICARE Europe Staff Exchange Knowledge, Ideas in Romania

Troy Kitch

TRICARE Europe Public Affairs & Marketing

Three members of the TRICARE Europe Team and a U.S. Veteran's Affairs expert recently traveled to Romania to discuss the inner workings of the U.S. Department of Defense and VA health care systems.

Romanian medical professionals and Ministry of Defense officials there are keen to develop a medical insurance program at the MoD level (comparable to the U.S. DoD) that provides coverage for active duty military, military retirees, and their families.

"It was a really great opportunity to learn how the Romanian Military Medical System works and to share information about how our DoD and VA healthcare systems operate," said CAPT Barbara Vernoski, Executive Director, TRICARE Europe Office.

This exchange of information is part of the "Joint Contact Team Program" (JCTP), one of U.S. European Command's Peacetime Engagement Programs

in Central Europe and the New Independent States.

Vernoski, along with CDR Steven Keener, TRICARE Europe Chief of Regional Operations, MSgt. Ron Peoples, TRICARE Europe Senior Enlisted Advisor, and Mr. Arthur Hamerschlag, Deputy Chief Financial Officer, Department of Veterans Affairs, spent the first week of August in Bucharest with their Romanian counterparts, touching on topics covering the full spectrum of U.S. military and veterans health care.

"Both our U.S. team and our Romanians hosts learned a lot about our respective health care systems," Vernoski said, "It was a great first step."

One of more significant differences the TRICARE team noticed between the Romanian and the U.S. military healthcare delivery system is that the Romanian one is aligned under a single command. The Surgeon General of the Romanian Army is responsible for all in-country military medical facilities and personnel. According to Romanian MoD officials and health care experts, this alignment helps ensure consistency concerning medical matters.

Another interesting difference, Vernoski said, is that Romanian physicians are not only required to see patients, they must complete their own administrative paperwork, complete all their billing paperwork, and perform home visits for at least two hours a



photos by MSgt Ron Peoples

Romanian Chief Radiologist Dr. Ion Codorean discusses his work with CAPT Barbara Vernoski, TRICARE Europe Office Executive Director at the Clinical Emergency Central Military Hospital in Bucharest, Romania.

week.

Other differences stood out in sharp contrast to the U.S. military system as well. Romanian nursing staffs in military hospitals, for example, are primarily comprised of civilian nurses employed by the hospital. Non-Commissioned Officers are mainly assigned to field medical units and are rarely used as technicians. NCOs who complete specialized training may move up to the rank of Warrant Officer and assist providers or become technicians in the military hospital. The Romanian system also employs few healthcare administrators or medical managers, although they plan to add more.

According to Vernoski, the Romanians are in the beginning stages of building a solid program that will provide necessary care for all eligible beneficiaries.

The TRICARE Europe trip was the first such encounter between TEO and Romanian health care experts.

According to the U.S. European Command, this event is one of over 6000 military-to-military contacts or events that the command has hosted so far. These contacts and events have helped host nations address such fundamental topics as human rights guarantees for soldiers, civilian control of the military, and establishment of military legal codes, and development of a professional noncommissioned officers corps.



The TRICARE Europe team took time out to visit some of Romania's historical treasures at the National Military Museum in Bucharest.

PPN Quality of Care Policy in the Works

Col James Rundell

TRICARE Europe Medical Director

In the Spring of 2002, the TEO Executive Steering Committee established a working group to study ways to standardize and improve the monitoring of quality and appropriateness of care given to beneficiaries who are seen by host nation providers.

The tri-service, clinically focused, working group presented preliminary findings and recommendations to the TRICARE Europe Executive Steering Committee in May 2002, and received further guidance.

Over the summer, the Preferred Provider Network Quality of Care

Working Group has surveyed the medical treatment facilities in every host nation to catalogue what current and best practices exist in terms of monitoring quality and appropriateness of host nation care in four domains:

- Inpatient care
- Outpatient care
- Patient/customer feedback
- Network management methods

The findings from this current/best practices survey is being presented to chiefs of professional services at the military treatment facilities, to the MTF commanders, to the major command

surgeons' offices, and to groups of clinicians. Their feedback and consensus recommendations will be used to develop a draft policy for the Lead Agent and Executive Steering Committee to review.

The goal of the working group is to have a policy fully implemented, along with metrics to monitor its success, by 31 December 2002.



TRICARE Dental Program Enrollment Questions Answered

Dr. George Schad

TRICARE Europe Dental Program Director

One of the main questions we are asked about dental care in Europe is "should we remain enrolled in the TRICARE Dental Program?"

Staying enrolled or disenrolling from the TDP is a matter of personal choice and should be made after the sponsor arrives overseas. Enrollment in the TDP follows the family overseas and remains active unless the sponsor decides to disenroll.

The TDP is now available to all active duty family members as well as Reservists and their family members in all overseas locations. The TDP in non-remote overseas locations is designed to augment dental care that family members are currently eligible to receive in Dental Treatment Facilities throughout Europe. It is often valuable in non-remote locations when specialty care, such as orthodontics, is needed but not available at the local DTF. The benefit is also very useful in remote locations without access to a DTF. Joining or remaining enrolled in the program is a personal decision. Here are some factors that TDP members should consider before making this choice:

- Amount and type of dental care available in the OCONUS DTF
- Amount of time family members spend in the U.S.
- College student or other family member living in the U.S. who requires dental care
- Orthodontics or other specialty care that is needed or wanted but not available in DTF
- Possible emergency care needs when family members are away from the DTF area
- Advantages of coverage versus the cost of the premiums

If the sponsor elects to disenroll from the TDP, the proper form can be found at the United Concordia web site at www.ucci.com. Choose the "TDP" link, and then "reference materials." The enrollment form is the same form used for disenrollment.

Family members living in an overseas area served by a military dental treatment facility (DTF) can expect to receive dental care required to maintain good oral health, to include preventive services and basic restorative care, from their local DTF. Some specialty care is also available on a limited basis.

All family members should attempt to be in good dental condition when they come overseas. This is especially true for family members assigned to remote locations.

PROFESSIONAL SERVICES CHIEFS MEET TO IMPROVE BENEFICIARY HEALTH CARE

Col James Rundell

TRICARE Europe Medical Director

TEO recently hosted a two-day workshop for chiefs of professional services from military MTFs across Europe. The goal of the meeting was to update clinical leaders on a number of TRICARE initiatives, including host nation care quality monitoring, product standardization, implementing web-based technologies in clinical practice, changes in TRICARE benefits, coding, and remote site health care. The participants also established an ongoing structure and form for consultation and sharing best practices and ideas for improving beneficiary health care.

Women, Infants, & Children Rollout Dates Set

Only Twelve Sites Left to Go!

LTC Muriel Metcalf

TRICARE Europe WIC Program Coordinator

We are happy to announce that the rollout of all remaining Women, Infants and Children Overseas offices in Europe is underway. All WIC-O offices should be open by early next year. Choctaw Management Services Enterprise (CMSE is the contractor that runs the program) is in a fury of activity – identifying new employees, shipping all the necessary supplies and equipment for the offices.

WIC benefits have also been extended to geographically separated units. The latest communities to receive benefits are Bad Aibling, Rhein-Main, and Mainz-Kastel. Eligible participants in Bad Aibling/Garmisch may go to Hohenfels and eligible participants who are assigned at Rhein-Main and Mainz-Kastel may go to Wiesbaden/Dexheim. As we identify other geographically separated units we will work with the local command to see which WIC office is the closest to assure the best customer service possible.

WIC-O PROGRAM STATUS

The statistics show that the word in getting out-- enrollment into the WIC program continues to grow with most sites reaching the projected eligible population with an identified nutritional risk within 6-months of opening. Currently there are 27 sites open in Europe – in 7 countries. Twelve of the 27 sites which are currently open have been opened within the last 6-months and we are already at almost the half-way mark of projected enrollment!

How do we determine the potential eligible population? The answer is quite simple: we use the United States Department of Agriculture formula for “guesstimating” the number of projected eligible WIC participants in a given community. The projected numbers are “soft” because the process cannot take into consideration other income earned, but they do seem to be fairly close. The projected eligible population numbers were



Tentative* opening dates for remaining sites:

Heidelberg, Germany – 31 October 2002
 Mannheim, Germany – 14 November 2002
 Stuttgart, Germany – 6 December 2002
 Darmstadt, Germany – 22 November 2002
 Naples, Italy – 27 September 2002
 Sigonella, Sicily – 21 November 2002
 Gaeta Fleet, Italy – 17 October 2002
 La Maddalena, Sardinia – 12 December 2002
 Livorno, Italy – 30 September 2002
 Lajes, Portugal – 04 December 2002
 Lisbon, Portugal – To Be Determined
 Ankara, Turkey – To Be Determined

** Dates are dependent on facility readiness, employee clearance, and many other variables. Many tentative opening dates are still being calculated. All estimated opening dates are subject to change.*

calculated in Sept 2000 using DEERs data with the following formula:

- ① Determine the number of children birth to age five in families meeting the income guidelines
- ② Determine the number of these children who are from birth to 1 year of age
- ③ Multiply that number by 127% to get the number of potential women who would be eligible (pregnant, postpartum, breastfeeding)
- ④ Add the number of women with the total number of children to get the **FINANCIAL ELIGIBLE NUMBER**
- ⑤ Multiply that number by 81% to get the **NUTRITIONAL ELIGIBLE NUMBER**

TEO WIC OFFICE UPDATE

We were all sad to say good bye to Betsy Kozak, Choctaw Management Services Enterprise Administrative Assistant, who departed the beginning of July to follow her husband to Aberdeen Proving Grounds, Maryland. Although Betsy will be greatly missed, she did a great job of orienting her replacement, Karen Averette, who has stepped up to the plate to keep the office running smoothly. Welcome aboard Karen.

Input Needed for Ongoing Benefits Training

Uli Engel

Deputy Director, Regional Operations

The TRICARE Europe Regional Operations Division is currently planning for the next TRICARE Europe benefits training.

As you might know, we will not have another big workshop (like the "Rowing Through the Currents of Change" conference in Mainz in 2001) until sometime in the spring of 2004.

In the meantime we are trying to conduct quarterly local training in different areas around the TRICARE Area of Operations (i.e. in the Mediterranean,

UK, Germany and United Arab Emirates) and invite MTF staff from nearby areas to attend.

We need your input to make these training workshops successful. Let us know what information you would like us to cover, and we will try to integrate your suggestions into our training schedule.

For an idea of what we normally cover during our training sessions, visit our website and select "Conference" from the drop-down menu. Choose the Naples benefits training course.

Please send your input to me directly at uli.engel@europe.tricare.osd.mil.



We will post significant updates to our website, so check back often!

TRICARE Europe Public Affairs & Marketing Update

Troy Kitch

Public Affairs & Marketing Director

Bonita Ducharme

Public Affairs & Marketing Assistant

New Beneficiary Section

The last few pages of this and all future Compass newsletters will feature a "pull away" beneficiary newsletter that we encourage you to print and distribute. Inputs, comments, and suggestions for this as well as the Compass are always welcomed. Send them to: teo.pao@europe.tricare.osd.mil.

refridgerator magnet. The new design does not mean that the kit now offers less European-specific information. Beneficiaries will still receive all key European HCIL information.

received what you ordered. We can't pay for these products until we know you have received them. The verification form and the order form are available online at www.europe.tricare.osd.mil. Click on the Public Affairs & Marketing button. And thanks for your support!



Marketing Tips

① Order your products carefully. When you are calculating an order based on inventory, be sure to check all storage areas, and peek inside boxes to check that content match your expectations.

② When you are expecting deliveries, it may help to alert your local Post Office, supply technician, and adjacent offices. Ask them to send any TRICARE related materials they receive to your office directly. Missing marketing materials are found 99.9% of the time after *exhaustive* searches, so it pays to let as many people as possible know what you're waiting for!

③ Carefully ensure that you have enough materials to meet your monthly beneficiary enrollments. Consider all upcoming events on your calendar, such as Community Health Fairs and retirement briefs. We can help a few TSCs out when supplies run unexpectedly low, but we only have a finite pool of TRICARE materials to send you!

④ Please assign an alternate marketing POC to fill in when the primary POC is unavailable.



New HCIL Kits Due Soon

New Health Care Information Line kits are due to ship this month. The kit now sports a "universal" design that is applicable to all overseas beneficiaries — whether in Europe, the Pacific, or Latin America. The TRICARE logo now says "OCONUS" vs. "Europe," and contact numbers from countries throughout the world are now on the wallet card and

TRICARE 'SMART' Store

TSCs now have a seamless and easy way to order TRICARE Management Activity-funded materials as often as needed. These materials are mailed direct to your TSC. It's easy to use! Check it out at www.fhinc.net/tricare/. The "TRICARE Store" also offers a Feedback option for Marketing POCs to send inquiries or comments to the TMA marketing staff directly.

Don't Forget to Verify

Maybe it's not as much fun, but the Marketing Order Verification form is just as important to complete as the marketing order form. We must ensure you have

TRICARE Europe Beneficiary Feedback

The information in this column features frequently asked questions from beneficiaries and answers provided by the TRICARE Europe Office staff.

Q: *I may be taking a GS civilian job in Heidelberg soon, and my daughter is scheduled to get braces here stateside. I am participating in TDP as a Reservist, and wanted to know if we should go ahead with banding here and then continue there in Heidelberg, or should we wait until we get there for her to get banded?*

A: It may be better for you to wait until you get to Germany to put the braces on. Changing doctors in midstream is not advisable unless absolutely necessary. We have civilian orthodontists in the Heidelberg area that you will be able to use. Be sure to bring all the treatment planning materials that your dentist gives you to include dental records, xrays, models, etc.

Q: *What TRICARE for Life coverage is available if we travel to London, Paris, Berlin, Brussels, & Amsterdam from the states?*

A: Medicare doesn't pay for any overseas care, but now under TFL (if a beneficiary is enrolled in part B) he or she will be able to use the TRICARE Standard benefit while traveling or living aboard. Under the Standard option the beneficiary will be responsible for an annual deductible of \$150 per individual or \$300 per family. He or she will also have a 25% cost-share. If the beneficiary has other health insurance (OHI) they are required by law to be first payers. If applicable, send claims first to the OHI and then file with TRICARE. The OHI's explanation of benefits must be included when filing a claim with TRICARE. A beneficiary can see any civilian provider while in Europe,

but a number of host nation providers require up front payment which in turn requires you to file for reimbursement. When filing for reimbursement, write "PLEASE PAY PATIENT" somewhere on the form.

Q: *What are the TRICARE Prime benefits for optical prescriptions, to include glasses and contacts?*

A: If you are a dependent of an active duty member, you are authorized one screening eye examination per 12-month period. The exam may include a check of the internal and external structures of the eye for disease and signs of other disease and evaluation of the patient's vision and other health. An ophthalmologist or an optometrist may perform it. However, eyeglasses and contact lenses are not normally covered. There are certain exceptions under very limited circumstances, such as corneal lens removal.

Q: *Could you please tell me what I have to do to go off base and see a doctor. I was given a referral to a doctor and he denied it saying that he was only seeing active duty at this time. How do I get permission to see a surgeon off base.*

A: Prior to receiving any care from a civilian provider you should request that your Primary Care Manager (PCM) give you a referral. It sounds as if you may have already done this. However, if your PCM specifically refers you to another Military Treatment Facility (MTF), it would be best to go back and speak with him/her about being seen by a civilian provider. After speaking with your PCM, you'll need to visit your local TRICARE Service Center and speak with a Health Benefits Advisor (HBA). Your HBA will put an authorization in the system and will assist you with making your off base appointment.

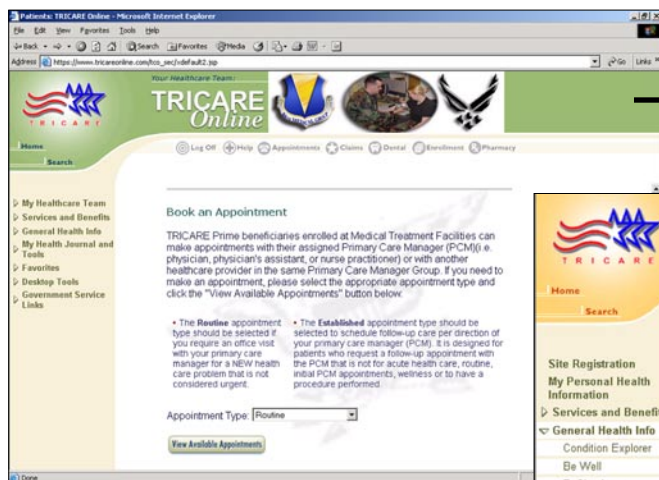
**SPREAD
THE
WORD!**

HEALTH CARE INFORMATION LINE

Make sure your beneficiaries know that advice is just a phone call away, anytime day or night. If they have a medical concern at three in the morning, all they have to do is pick up the phone to speak to a registered nurse or get automated information on hundreds of topics.

... Coming Soon to All of Europe

TRICARE Online Debuts in Three Countries



Beneficiaries can book appointments online. It's important to remind users not to despair if they see a message that says "No appointments available." If this message happens to appear, please let users know that all they need to do is call their servicing Military Treatment Facility for appointment assistance.



The General Health Section of the site is home to an unbelievable amount of information. Users can find information about a health problem, get sound advice, pinpoint likely causes of an ache or pain, or check to see the potential risks of combining medications. There are over 18,000,000 pages to explore.

TOL, from page 1

Web at www.TRICAREOnline.com.

TRICARE beneficiaries assigned to one of these sites may register for the online service. They can also register each of their family members. This becomes very helpful when keeping track of family medical information.

Registered users can use these TRICARE Online features:

- Beneficiaries assigned to one of the test sites and enrolled in TRICARE Prime or TRICARE Plus can use TRICARE Online to make appointments with their primary care manager at the military treatment facility where they receive care. They also can continue to make their appointments by phone.

- All registered users can visit TRICARE Online to keep a personal health journal. This secure page can be used to record health care data, such as current treatment, immunizations, prescribed medications, and past medical procedures.

- By using their secure password to access this health journal, beneficiaries can retrieve their personal health care information online from any location – even when they are moving, traveling, or away from home on temporary assignment.

All TRICARE beneficiaries can also use TRICARE Online to obtain information about their TRICARE benefits and services, check medications for possible adverse reactions, and access 18 million pages of consumer health information from a trusted source.

TRICARE Online is continuing to develop additional services. In the future, TRICARE Prime and TRICARE Plus beneficiaries will be able to refill prescriptions, receive reminders



Users may also create a personal health journal to document their medical history, make notes, save links or other favorite information and more. The best part about "My Personal Health Information" is that it is truly a worldwide resource — no matter where or when a beneficiary goes, this information will only be one click away.

of appointments, and request routine medical tests.

Also in the future, TRICARE Online will provide a secure channel for patients and their providers to communicate via e-mail. TRICARE Online is being designed with the military health care beneficiary in mind.

For further information visit www.TRICAREOnline.com.

Arthur Pedersen*TRICARE Europe Webmaster*

Imagine a scenario in which a family practice doctor submits an urgent medical consult online for immediate review by a specialty doctor hundreds of miles away.



Such a capability would save time, money, and maybe even lives.

Just such a system exists in the TRICARE Europe Area of

Responsibility. The Teledermatology system was deployed in partnership between TRICARE Europe, European Regional Medical Command, and Landstuhl Regional Medical Center in 2000.

"TELEMED" HISTORY

The U.S. military first used "Telemedicine" during Operation Desert Storm in 1992. This early Medical Diagnostic Imaging System (MDIS), was a joint procurement between the U.S. Army Office of the Surgeon General, Air Force Office of Medical Support, and USAF Tactical Air Command.

In 1992, the U.S. Navy joined the MDIS project, forming the Medical Advanced Technology Management Office (MATMO), also known as the DoD "Telemedicine" test bed.

In 1998, recognizing both substantial cost savings and increased access, MATMO in conjunction with Walter Reed Army Medical Center developed the Teledermatology Web application.

In late 1999, the Teledermatology application was deployed in the TRICARE Europe AOR in a truly tri-Service fashion. TRICARE Europe's Information Systems staff develops new software code and maintains the telemedicine server.

The ERM/LRMC Directorate of Telemedicine manages the system. Dermatologists located at LRMC, Naval Hospital (NH) Rota, and Lakenheath, answer consults from MTFs in Europe and the Middle East.

Digital cameras have been provided to over 30 MTFs. Since its inception, over 100 providers have submitted 383 Teledermatology consults.

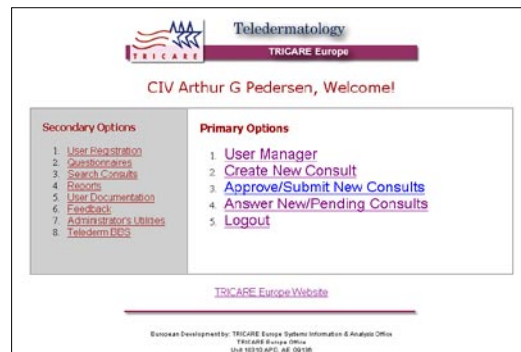
WHO CAN USE IT?

All primary care physicians are invited to register as a user of the Teledermatology

system. Once you have received your login name and password, you can log on to the secure telemedicine Web server at **telemed.europe.tricare.osd.mil**. Our secure web guarantees that all patient data is encrypted from the provider's PC to the telemedicine server.

A QUICK "HOW TO" GUIDE

From the Teledermatology Welcome Screen, select the "Create a New Consult" option. The demographic and patient history data for a Teledermatology consult is very much like a traditional consult. Users may select their name and facility from drop down boxes. The consult type selected determines the speed with which a consult will be answered. Urgent consults are responded to in 24 hours, while routine consults are reviewed in 72 hours.



Upon completing the provider information, patient demographics, and condition history, the user then selects the location of the condition from a point-and-click image map of the human body. The provider then supplies medical exam data and a working diagnosis. Digital photographs of the condition are then submitted to the system. Finally, the submitting provider may view the Consult Summary and print out a Standard Form (SF) 513 with the submitted data.

See Telederm, Page 10

New Consult, Step 4: Physical Exam FMP: 12 SSN: 123-12-1234 Consult #: INC0025

Primary Lesion:

Primary Lesion Definition
 Macule - Flat, Non-palpable, <1cm
 Patch - Flat, Non-palpable, >1cm
 Papule - Raised, Palpable, &"bump", <1cm
 Nodule - Raised, Palpable, &"bump", >1cm
 Plaque - Raised, Palpable, &"bump", >1cm, broad lesion

Click on human figure images to select area(s) or type in location(s) in the location(s) field
 NOTE: this feature works with Netscape 4.0 or Internet Explorer 4.0 and higher

Location(s):

Primary Care Physicians can send detailed data to specialty doctors hundreds of miles away

TELEMEDECINE from page 9

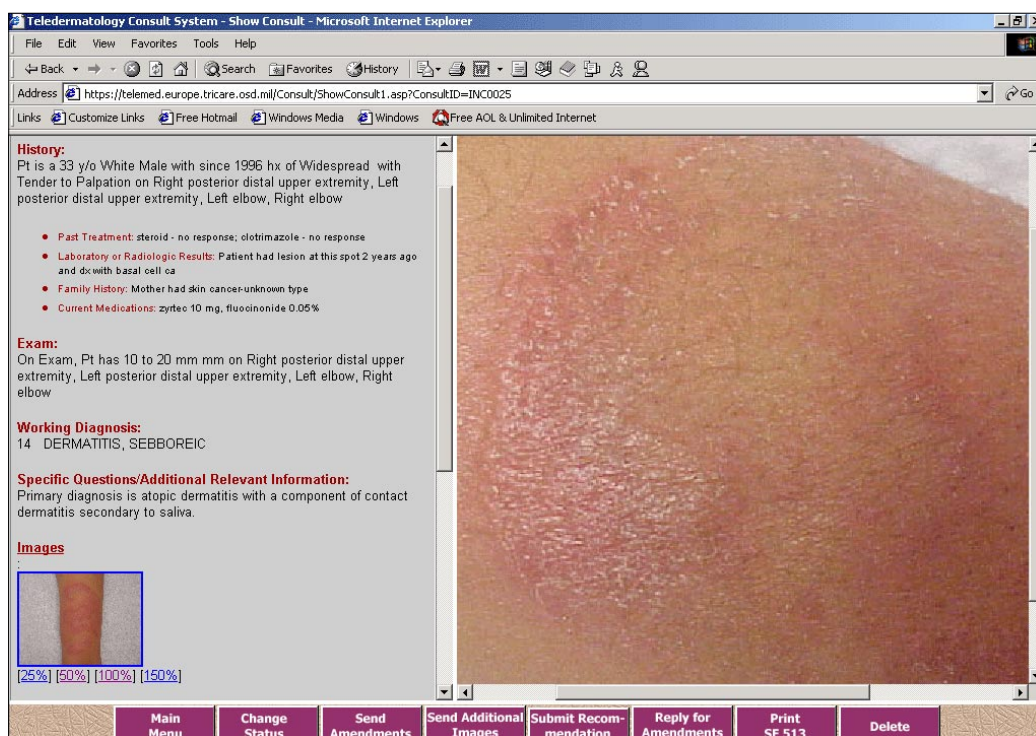
The dermatology clinic at LRMC reviews the system daily and distributes the consults evenly to one of the MTF dermatologists.

The dermatologist may submit an alternative diagnosis, request a follow up appointment at one of Europe's dermatology clinics, or provide treatment recommendations. The use of digital images also allows the specialist to zoom in and have life-like close-up view of the condition.

TELE-OCULAR HEALTH & TELEMEDICINE GENERAL CONSULT

Building on the success of the Teledermatology system, TRICARE Europe, in conjunction with LRMC, has been developing two new Telemedicine applications, Tele-Ocular Health and a Telemedicine General Consult. Both systems use similar user interfaces to the Teledermatology system.

Tele-Ocular Health requires a special slit-lamp camera to take close-up pictures of the eye. This system is designed for use by Optometrists and Ophthalmologists. The Telemedicine General Consult will allow providers to submit Tele-Consults, with digital imagery for 34 common medical specialties, from allergies to vascular



surgery. Both Tele-Ocular Health and the Telemedicine General Consult provide a secure environment in which providers can review patient-sensitive data.

ASK-A-DOC

The Telemedicine General Consult will compliment a fourth telemedicine application in use in Europe, Ask-A-Doc an electronic email consultation system. This consultative system provides clinical expertise, supported by the staff of LRMC and, in some cases, specialists at WRAMC, to the European military health care provider. The

Composite Health Care System (CHCS) is the vehicle used to deliver this email system. This system has had a very successful reception in the ERM and European TRICARE area and largely owes its popularity to the efficient and rapid response time received on consults. However, Ask-A-Doc is not a secure system, making

it usable only for answers for general, non-acute clinical management questions.

Experience shows approximately 100 consults per month, primarily with Internal Medicine specialties. Seventy-one "Group Mailboxes" for each specialty at LRMC and backup to specialties not available in Europe, located at WRAMC have been developed with each Service Chief responsible for the mail box members and response time.

The Teledermatology system and Ask-A-Doc have been resounding successes in Europe. The systems have reduced host nation medical expenses, travel costs, and allowed the Tri-Service military health systems to more efficiently utilize rare medical specialists. Now, with the advent of the Tele-Ocular Health System and the Telemedicine General Health Consult, an opportunity exists to realize similar convenience and savings in over 30 medical specialties. Providers interested in accessing these systems are encouraged to learn more at the TRICARE Europe Telemedicine site (www.europe.tricare.osd.mil/telemed) or the ERM/LRMC Telemedicine Directorate site (www.healthcare.hqsareur.army.mil/telemedicine/).

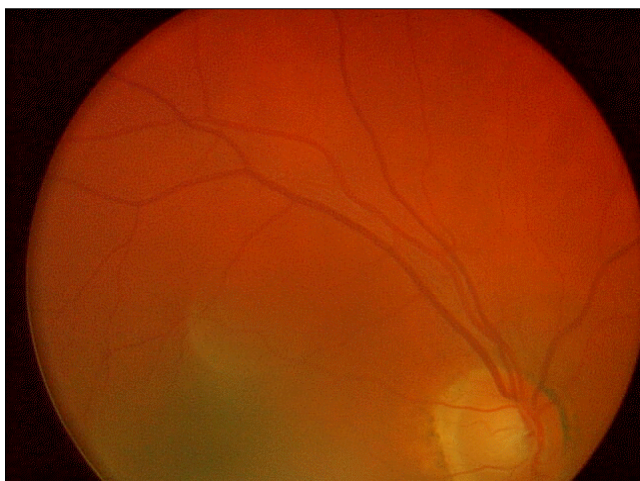




photo by MSgt Ron Peoples

Sergeant Major Harry Robinson, TRICARE Management Activity Senior Enlisted Advisor, visited several sites in the TRICARE Europe region in Sept. Here, Robinson meets a member of the U.S. Navy Medical Clinics Pharmacy at RAF West Ruislip, UK.

NSA Naples Advisors Are "TRICARE Stars"

According to Navy Capt. Quinones, (acting) commander of the U.S. Naval Hospital in Naples, Italy, professionalism and dedication providing quality care are traits he expects from all of the staff. For Gina Andreana and Maureen Griffiths, health benefits advisors in Naples, however, helping a beneficiary doesn't stop at the end of their workday.

Steven Hull, a retired Air Force officer, was a recipient of their extraordinary care when he experienced complications following cataract surgery. Six weeks after the surgery, Hull lost vision in one of his eyes, a result of the retina detaching. Even though it was after-hours, Andreana immediately scheduled an appointment for him with an Italian specialist, drove him to the clinic, acted as translator and, most importantly, provided support to a fearful and depressed Hull. In the days and months that followed, Andreana and Griffiths continued to assist Hull and his wife as they navigated through the appointments, paperwork and the Italian provider network. They also offered emotional support and compassion to the Hulls during this difficult time. "Gina and Maureen have truly become my guardian angels throughout this seemingly endless ordeal and I am thankful for their presence," said Hull. (courtesy TMA)

Clinician's Conference Coming!

TRICARE Europe is hosting a Clinicians Conference Oct. 27-29 in Mainz, Germany. The goal of the three-day meeting is to develop clinical leaders' skills and knowledge so they can strengthen providers' roles at the MTF level to ensure the success of the TRICARE Europe health care program. If you registered for this event, you can find out more information at <http://ocl.nps.navy.mil/Conferences/europe2002/>. Conference highlights will be captured in the Winter edition of the Compass.

Executive Steering Committee to Meet

The next TRICARE Europe Executive Steering Committee meeting is scheduled for Oct. 7-9 in Stuttgart, Germany.

TRICARE Europe Council Meeting

The next TRICARE Europe Council meeting is scheduled for Nov. 20-23 in Berlin, Germany.

PPN Database Updated

The TRICARE Europe Online Preferred Provider Network database is now updated.

The database offers an easy way to search for a PPN in your area by name, speciality, city, and more.

Check it out at www.europe.re.tricare.osd.mil. Choose "Preferred Provider Network Search" from our drop down "A-Z" alphabetical listing.

TRICARE Europe PPN Search	
First Name of Provider	<input type="text"/>
Last Name of Provider	<input type="text"/>
City	<input type="text"/>
Zipcode	<input type="text"/>
Country	<input type="text"/>
Primary Speciality	<input type="text"/>
Medical Treatment Facility	<input type="text"/>
First Sorting Field	<input type="text" value="<none>"/>
Second Sorting Field	<input type="text" value="<none>"/>
Third Sorting Field	<input type="text" value="<none>"/>
<input type="button" value="Begin Search"/>	

The TRICARE Europe Compass is published quarterly by the TRICARE Europe Office, Unit 10310, APO AE 09136-0136.

Readers with questions or comments may contact us at:

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Article and photo submissions are welcome

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Webmaster/Production Support.....Mr. Arthur Pedersen

Incirlik Airbase, Turkey

39th Medical Group Innovates, Excels

Ms. Faron Antoine

Director of Performance Improvement

Capt Suzanne Smith

Clinical Nurse, Executive Officer

39th Medical Group

High ops tempo! Rapid turnover! Thousands of deployed personnel! The 39th medical group at Incirlik Airbase, Turkey, provides medical services to over 3,000 permanent party military members and their families and nearly 2,000 deployed members. Added to this, the 39 MDG supports an additional 33% more staff deployed here to help support Operation Enduring Freedom.

This is truly one of the most unique – and busiest – medical environments in the Department of Defense. Faced with these challenges, the 39 MDG has responded by meeting its permanent mission requirements and forging a strategy that uniquely blends military and civilian resources.

A series of recent inspections, including the Surety Inspection, Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and the Health Services Inspection (HSI), in addition to a Primary Care Optimization (PCO) Staff Assistance Visit confirmed this success and highlighted several areas of excellence.

MEETING A WARTIME MISSION

All this has been accomplished in the face of a large role in the war on terrorism in Operation ENDURING FREEDOM. The 39th Medical Group has expanded its staff by a third and its bed capacity by 500%. Critical care nursing and surgical specialties along with the requisite support staff were added to create a medical and surgical intensive care hospital ready for any contingency. The Medical Group has managed over 110 war casualties since last fall including soldiers involved in Operation ANACONDA and a Canadian Journalist injured in a rocket grenade attack in Afghanistan.

COLLEGIAL COORDINATION

One of the crowning achievements noted by inspectors is our close partnership with our network and staff Turkish physicians. This collegial relationship provides much needed continuity that might otherwise be lacking due to the rapid rotation of military providers.

Lauded as a model program by inspection teams, this service provides the best possible healthcare for individual patients. On a practical level, program management demands close interaction between the Chief of Medical Staff and our TRICARE Service Center. This applies to local referrals as well as for our geographically separated units in other parts of Turkey and the Middle East. In these locations, networks have also been developed and receive equally tight scrutiny. We have TRICARE liaisons at each GSU.

OBSTETRICS PROGRAM

The OB/Gyn program is an example of a successful implementation of the comprehensive care strategy. After labor and delivery services were closed at Incirlik in 1998, patients would go to Landstuhl Regional Medical Center, Germany, for the last month of pregnancy. This "storknesting" program was functional, but had obvious shortcomings in terms of family separation, cost, and continuity of care.



photos by Tech. Sgt. Paul McCracken, 39th Medical Group

Members of the 39th Medical Group at Incirlik Airbase, Turkey, prepare wounded for transport. Since Operation ENDURING FREEDOM started, 39 MDG has expanded its staff by a third and its bed capacity by 500%. The Group has managed over 110 war casualties since last fall.

Now patients can remain in Turkey at a local private hospital in nearby Adana with excellent facilities and superb professional care, especially for neonatal care. An obstetric care team (the local OB/Gyn contractor, an anesthesiologist experienced in epidural anesthesia, MDG nursing staff, the Chief of Medical Staff, the Family Advocacy Nurse, and the OB/Gyn Nurse Practitioner), meet weekly to coordinate care, including home visits and extensive patient education.

The hospital welcomes tours and even arranges for a personal bilingual nurse to be assigned to the patient for the first day of peri-natal care. After the first year of this new program, the ratio of local deliveries was reversed; now almost 80% of women choose to deliver locally.

See 39th Med Group, page 12

39th Medical Group Excels, Innovates, from page 11

PREFERRED PROVIDER NETWORK

The key to success for this winning combination is based on the identification of "pockets of excellence" within both the local national as well as the military healthcare systems. The close oversight by the professional staff and the TRICARE office of the 39 MDG is a key ingredient and this includes the use of visiting specialists for both peer review and mutual education.

Founded on a spirit of mutual respect, the program is now being expanded to include improved referral mechanisms, better reporting processes, and better data collection for quality management.

PRIMARY CARE OPTIMIZATION

Incirlik's Family Practice and Pediatric Clinics initiated PCO to establish a meaningful interaction between patient and provider, and to deliver health care to our unique patient population. The foundation for Incirlik's PCO concept was laid in August 01.

The PCO team focused on the following areas: 1) addressing patient concerns 2) provider's identification of the patient's problem, evaluation and treatment 3) conveying information from patient to team, 4) patient education 5) addressing health care maintenance issues and 6) adequate follow up.

Under PCO, the team's goals are to accomplish more health care per patient appointment, regularly have patients and staff running on time, utilize staff to the maximal capability of their skills and meet the administrative expectations of the Air Force Surgeon General. In April 02, the PCO goals were affirmed by the AF PCO SAV team visit. Not only were the goals met but they were exceeded! The PCO SAV members ranking Incirlik's PCO clinic one of the top 3 facilities in the Air Force.

Metrics confirm the dedication to an

integrated health care delivery system. Patients see their Primary Care Manager 65%-80% of the time regardless of additional responsibilities, leave, and TDYs for the PCO team members.

Incirlik leads the AF in HEDIS measures for childhood immunizations. Every patient record is reviewed and the DD form 2766 is

updated at each appointment. PIMRs 84% completion rate exceeds both Air Force and USAF goals.

The PCO concept continues to be an evolving process as we explore expanding PCO and delivering even better customer focused care.

"OUTRIGHT" PROGRAM

Yet another success for the 39 MDG is the development of an exciting new program called Outright, the first of its kind in the USAF. The Outright Program endeavors to reduce Active Duty involvement in time-consuming administrative out-processing activities.

The Incirlik Air Base Exceptional Family Member Program (EFMP) Officer in collaboration with the PCO Teams and the MPF developed a medical out-processing program that begins with an Active Duty Member's initial out-processing appointment and ends with a smooth transition from the Medical Group.

At this briefing, the Active Duty member is instructed on the EFMP Process and an email is sent to the MTF to electronically flag for treatment or

medically and dentally clear the Active Duty Member for PCS. If the member has an Exceptional Family Member or is going overseas, the member is booked with their Primary Care Manager by Lifeskills for a Family Member Relocation Clearance (FMRC) appointment.



photo by Lt. Col. Larry Perrin

The 39th Medical Group staff have developed a tight relationship with host nation providers. If beneficiaries require off-base care, many use Seyhan Hospital in nearby Adana, shown here.

The appointment is coordinated with the EFMP, the medical charts are reviewed and all members are cleared in one visit, collaborated with the Primary Care Manager. If a member doesn't have an EFMP issue, then five days before

PCS the member uses the Outright form to clear TRICARE, Dental, Medical Records, Radiology, and Life Skills to smoothly transition from the Medical Group.

The 39th Medical Group Outright Program assists Active Duty members and their families in a smooth and easy PCS. For the 39th Medical Group, customer satisfaction is job one and satisfaction questionnaires prove that 80% of all customers surveyed found the Outright Program efficient and helpful.

THE ROAD AHEAD

With hard work, dedication and stamina, the 39 MDG will continue to succeed. With so many exciting new programs in place, and the many accomplishments we have yet to achieve, we look forward excelling at whatever challenges come our way. The warrior medics of the 39 MDG are ready!



CHECK OUT OUR NEW FACT SHEETS!
ONLINE AT www.europe.tricareosd.mil



New TRICARE Europe staff, MTF CCs



Karen Avarette

Karen Avarette joined the TEO staff in August, and has been in Germany since June 2001. She is originally from Horicon, Wisconsin, population 2500. Karen, a Choctaw Management/Services Enterprise employee, is now the Administrative Assistant for the WIC – Europe

Liaison office.



Ms. Reba Nelson

Reba Nelson joined the TEO staff in July where she works as a Medical Service Coordinator. She previously worked at the Wiesbaden TRICARE Service Center. Reba, a Science Applications International Corporation (SAIC) employee, has lived in Germany for 10 years.

LCDR Peggy Cox

LCDR Peggy Cox is currently the Chief of Population Health Programs and Data Management in the Healthcare Operations Division. LCDR Cox joined the staff at TRICARE Europe in March 2002, transitioning from Officer in Charge, Naval School of Health Sciences, San Diego Detachment, Sheppard Air Force Base, Texas.



PV2 William Reed

PV2 William M. Reed, Administrative Specialist, joined TRICARE Europe this September. He is currently assigned to Landstuhl Regional Medical Center's Bravo Company. He comes to us direct from basic training and AIT. Reed calls Missouri his home.



CAPT Tim Hoiden

CAPT Timothy Hoiden is originally from Houston, Texas. His most recent assignment was as an Administrative Resident in the Army-Baylor MHA program at Blanchfield Army Community Hospital, Ft. Campbell, KY. His previous assignments include: Instructor in the Officer Basic Course at Ft. Sam Houston, Texas; and a medical

company commander in the 2nd Infantry Division at Camp Hovey, Korea. He will be working in Regional Operations.



Lt Col Diane Reese

Lt Col Diane Reese is the Deputy Director of the TRICARE Europe Office. Born in New York and raised in Greensboro, North Carolina, Lt Col Reese joined the TRICARE Europe staff in July 2002, following a tour as the Chief of the Benefits Branch, Health Benefits and Policy Division, Office of the Surgeon

General, Headquarters, U. S. Air Force, Bolling AFB, DC. In this position, she played a key role in the legislative changes that led to the TRICARE for Life Program. She served as an advisor to the Surgeon General and the Chief of Staff of the Air Force on all health care benefit issues.

Raymond Holder

Raymond Holder, Systems Engineer for Electronic Data Systems (EDS), has been working with information technology and networking systems for the past 8 years.

As a database engineer and developer for TEO, his current projects include enhancing the Optimization Support Tool, and coordinating development for the forthcoming TEO Intranet. Before joining the TRICARE Europe team, he led web development projects for the Department of Veteran's Affairs and the Social Security Administration in the Washington D.C.



NEW MTF commanders

TRICARE Europe wishes to welcome new Military Treatment Facility commanders:

Col Stephen McGuire — RAF Lakenheath

Col John Lake — Spangdahlem Airbase

COL Sally Jolly — Wuerzburg

Col Byron Hepburn — European Command Surgeon

There's more! See next page



Col James Rundell

Col James Rundell has been in Germany since 1998. After a brief experience as OIC of the Mental Health Clinic at Ramstein Airbase, he was selected to be chief of the Primary Care Clinic at the 86th Medical Group. That job lasted until July 1999, when as he was chosen to be Chief of Professional Services, better known as SGH. Between June 2000 and June

2002, Col Rundell served as Deputy Commander of Clinical Services (DCCS) at Landstuhl Regional Medical Center. He was the first Air Force DCCS of an Army medical facility. He is now the TRICARE Europe Medical Director and Chief of Healthcare Operations.

Ms. Allison Russo

Allison Russo is a SAIC employee working as a TRICARE Data Analyst in the Information Systems and Analysis office. Before moving to Germany, she worked as an Epidemiologist/Research Analyst for Medical Review of North Carolina, Inc. in Raleigh, N.C. She holds a Master of Public Health in Epidemiology from the University of Alabama at Birmingham and a Bachelor of Science in Microbiology from Mississippi University for Women.



MAJ Wayne White

MAJ White is originally from Jacksonville, Florida. He arrived here in August from Fort Gordon, Georgia, where he worked in the Managed Care Division as Operations Branch Chief. He is now the Director of Remote Site Healthcare for TRICARE Europe. MAJ White says he is pleased to be working with the TRICARE Europe team to help ensure that our remote-

site military members and their families receive top-notch health care.

LTC (P) Gail Williamson

LTC (P) Williamson arrived here in July from Fort Sill, Oklahoma, where she held positions as interim Deputy Commander for Nursing and Assistance Chief Nurse at Reynolds Army Community Hospital, from July 2000 through July 2002. As a military nurse, she has served in various clinical positions ranging from Clinical Service Chief, Clinical Head Nurse, and staff nurse positions. She has also served as a hospital educator, and clinical instructor of LPNs. This is her third assignment in Germany. She is now the Deputy Director, Health Care Operations for TEO.



New Beneficiary Newsletter

The following section is the first issue of TRICARE Europe's new Beneficiary Newsletter. We encourage you to print the following four pages, staple them together, and pass them out to your beneficiaries.

We have also posted a stand-alone digital version of the newsletter on our website. You can find it by visiting the Beneficiary section of our site (www.europe.tricare.osd.mil).

You will recognize most if not all the articles on this newsletter — think of it as a compendium of relevant news



releases and advisories from the past three months. Other articles are pulled from the Compass and rewritten so they are tailored more for the beneficiary.

We would like to hear your feedback on this product, and as always we welcome your article and photo submissions for both this and the Compass. Send submissions, comments, or suggestions to: teo.pao@europe.tricare.osd.mil.

www.europe.tricare.osd.mil

**Where do you go
for TRICARE
information?**



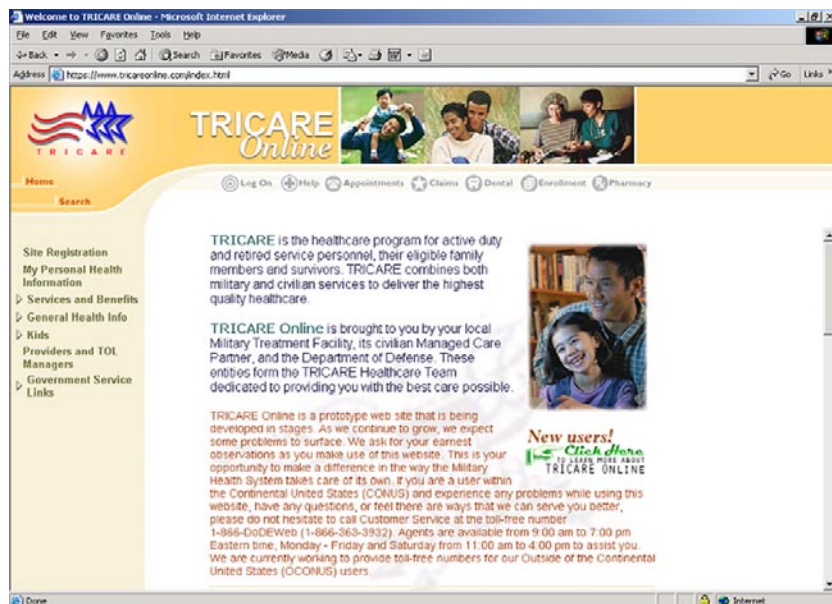


Beneficiary News

www.europe.tricare.osd.mil

Unit 10310 APO AE 09136

Fall 2002



Beneficiaries in Germany, Belgium, and Vicenza, Italy can now log on to TRICARE Online. Worldwide availability is anticipated by April 2003. Users may log on at www.tricareonline.com

The TRICARE Partnership

The TRICARE program was developed with you in mind. Since your medical needs are unique, we believe it is essential to provide you with many different tools to meet your health care needs. Of course, with choice comes responsibility. Although your TRICARE benefit is designed to be as convenient and simple as possible, there are a few things you must do to fulfill your side of this health care partnership. We call this the "TRICARE Partnership." Below are just a few of the items you must consider as a TRICARE beneficiary. For a complete list of your rights and responsibilities, see *Fact Sheet # 2*, online at www.europe.tricare.osd.mil. Click on the "Beneficiary" button.

- Ensure that you and your family members are enrolled in the **Defense Eligibility Enrollment Reporting System (DEERS)**. You can make changes at your local personnel office.
- Ensure your and your family members' **military ID cards** are up to-date.
- **Read all the TRICARE material** provided to you so you fully understand your benefit and can make informed decisions.
- After you PCS, you **must contact your TRICARE Service Center** to make sure you are properly enrolled in the system.
- **Contact your Primary Care Manager for an authorization whenever you need specialty medical care** (when traveling in the U.S., pre-authorization is *not* required for TRICARE Europe Prime enrollees who are active duty family members).
- Complete and return your **HEAR surveys** so that your PCM can develop a comprehensive assessment of your health care needs.

Limited Launch TRICARE Online

TRICARE Online is here! TRICARE Online is a new Internet "gateway" to interactive services and information.

It is designed to allow you take command of your health care in a common, secure, user-friendly electronic environment.

If you are a TRICARE beneficiary served by Military Treatment Facility in Germany, Belgium, or Vicenza, Italy, you can register yourself and your family members at www.tricareonline.com.

Ask to see if your MTF is participating. If you MTF isn't "online" yet, don't despair! The program is currently being rolled out across Europe as fast as possible. In fact, you will be able to use TRICARE Online anywhere in the world by the end of April 2003.

Registered users can use these TRICARE Online features:

- Beneficiaries enrolled in TRICARE Prime or TRICARE Plus can use TRICARE Online to make appointments with their primary care manager at the MTF where they receive care. They also can continue to make their appointments by phone.
- All registered users can visit TRICARE Online to keep a personal health journal. This secure page can be used to record health care data.
- Beneficiaries can retrieve their secure personal health care information from any location – even when you are moving, traveling, or away from home on temporary assignment!

All TRICARE beneficiaries can also use TRICARE Online to obtain information about their TRICARE benefits and services, check medications for possible adverse reactions, and access 18 million pages of consumer health information from a trusted source.

For further information visit TRICARE Online on the Web at:

www.TRICAREOnline.com

TRICARE Europe Beneficiary Feedback

The information in this column features frequently asked questions from beneficiaries and answers provided by the TRICARE Europe Office staff.

Q: *I may be taking a GS civilian job in Heidelberg soon, and my daughter is scheduled to get braces here stateside. I am participating in TDP as a Reservist, and wanted to know if we should go ahead with banding here and then continue there in Heidelberg, or should we wait until we get there for her to get banded?*

A: It may be better for you to wait until you get to Germany to put the braces on. Changing doctors in midstream is not advisable unless absolutely necessary.

We have civilian orthodontists in the Heidelberg area that you will be able to use. Be sure to bring all the treatment planning materials that your dentist gives you to include dental records, xrays, models, etc.

Q: *What TRICARE for Life coverage is available if we travel to London, Paris, Berlin, Brussels, & Amsterdam from the states?*

A: Medicare doesn't pay for any overseas care, but now under TFL (if a beneficiary is enrolled in part B) he or she will be able to use the TRICARE Standard benefit while traveling or living aboard. Under the Standard option the beneficiary will be responsible for an annual deductible of \$150 per individual or \$300 per family. He or she will also have a 25% cost-share.

If the beneficiary has other health insurance (OHI) they are required by law to be first payers. If applicable, send claims first to the OHI and then file with TRICARE. The OHI's explanation of benefits must be included when filing a claim with TRICARE.

A beneficiary can see any civilian provider while in Europe, but a number of host nation providers require up front payment which in turn requires you to file for reimbursement. When filing for reimbursement, write "PLEASE PAY PATIENT" somewhere on the form.

Q: *What are the TRICARE Prime benefits for optical prescriptions, to include glasses and contacts?*

A: If you are a dependent of an active duty member, you are authorized one screening eye examination per 12-month period. The exam may include a check of the internal and external structures of the eye for disease and signs of other disease and evaluation of the patient's vision and other health.

An ophthalmologist or an optometrist may perform it. However, eyeglasses and contact lenses are not normally covered. There are certain exceptions under very limited circumstances, such as corneal lens removal.

Q: *Could you please tell me what I have to do to go off base and see a doctor. I was given a referral to a doctor and he denied it saying that he was only seeing active duty at this time. How do I get permission to see a surgeon off base?*

A: Prior to receiving any care from a civilian provider you should request that your Primary Care Manager (PCM) give you a referral. It sounds as if you may have already done this. However, if your PCM specifically refers you to another Military Treatment Facility (MTF), it would be best to go back and speak with him/her about being seen by a civilian provider.

After speaking with your PCM, you'll need to visit your local TRICARE Service Center and speak with a Health Benefits Advisor (HBA). Your HBA will put an authorization in the system and will assist you with making your off base appointment.

HEALTH CARE INFORMATION LINE

Advice is just a phone call away, anytime day or night. If you have a medical concern at three in the morning or simply need some sound medical advice, all you have to do is pick up the phone to speak to a registered nurse or get automated information on hundreds of topics.

Women, Infants, & Children Rollout Dates Set

Only Twelve Sites Left to Go!

LTC Muriel Metcalf

TRICARE Europe WIC Program Coordinator

TRICARE Europe announces the rollout of 12 new Women, Infants, and Children Overseas offices in Europe. These 12 new facilities, once operational, will complete the introduction of WIC Overseas to military families across Europe that began in Jan. 2001. All WIC Overseas offices are expected to be operational at major U.S. military centers around Europe by early 2003.

WIC benefits have also been extended to many geographically separated units. The latest communities to receive benefits are Bad Aibling/Garmisch, Rhein-Main, and Mainz-Kastel, Germany. Eligible participants in Bad Aibling/Garmisch may go to the WIC-O office located on the military installation at Hohenfels (Building 94; DSN 466-4601; commercial 0947-283-4601). Eligible participants who are assigned to Rhein-Main Airbase or Mainz-Kastel may go to the WIC-O office located on the military installation at Wiesbaden/Dexheim (1 Crestview Commercial Center; DSN 338-7366; commercial 0611-380-7366). This service will also be extended to other geographically separated units with WIC-O needs as they are identified.

WIC enrollment continues to grow at the 27 sites now open in seven countries across Europe. Within six months of opening, the majority of sites have already reached and enrolled their projected eligible population with an identified nutritional risk. Twelve of the 27 sites have opened within the last six months and are already nearing the halfway mark of their projected enrollment.

Tentative* opening dates for remaining sites:

Heidelberg, Germany – 31 October 2002
Mannheim, Germany – 14 November 2002
Stuttgart, Germany – 6 December 2002
Darmstadt, Germany – 22 November 2002
Naples, Italy – 27 September 2002
Sigonella, Sicily – 21 November 2002
Gaeta Fleet, Italy – 17 October 2002
La Maddalena, Sardinia – 12 Dec. 2002
Livorno, Italy – 30 September 2002
Lajes, Portugal – 04 December 2002
Lisbon, Portugal – To Be Determined
Ankara, Turkey – To Be Determined

** Dates are dependent on facility readiness, employee clearance, and many other variables. Many tentative opening dates are still being calculated. All estimated opening dates are subject to change.*

TRICARE Europe Standard Coverage Remains Unchanged

A recent email circulating among TRICARE Europe Standard beneficiaries provides information that is not applicable in Europe, Africa, or the Middle East.

The email, which apparently originated in the Philippines, states that “claims from providers who are not TRICARE certified will be denied.”

While this is true for TRICARE beneficiaries in some areas of the world, it is not true for TRICARE Europe beneficiaries.

TRICARE Europe Standard beneficiary claims will continue to be processed as usual. Host nation providers do not require “TRICARE certification” in the TRICARE Europe area of

responsibility.

Beneficiaries who wish to find out more about their TRICARE Standard benefit are urged to contact their local TRICARE Service Center or visit the TRICARE Europe Web site at: www.europe.tricare.osd.mil.



CHECK OUT OUR NEW FACT SHEETS!

ONLINE AT www.europe.tricareosd.mil



Cosmetic Surgery Coverage Explained

When is cosmetic, reconstructive, or plastic surgery covered by your TRICARE health plan? This is a common question received by TRICARE Europe staff from beneficiaries throughout Europe.

The short answer is that coverage is limited and many types of common cosmetic surgery are not covered by TRICARE. The key to ensure coverage for a specific procedure is to contact your TRICARE Service Center **BEFORE** any type of cosmetic surgical procedure is performed by a civilian provider.

"You don't want to get stuck with the bill, which could be quite costly depending on the type of surgery you had," said Linda Glynn, Regional Nurse Case Manager for TRICARE Europe.

What these lists reveal, Glynn said, is that covered cosmetic, plastic, and reconstructive surgeries are generally considered medically essential. Those that are not covered are considered either medically unessential procedures or side effects resulting directly from non-covered surgeries.

The bottom line is that TRICARE uses very specific criteria to determine whether or not a cosmetic surgery is a covered benefit. If you are considering cosmetic, plastic, or reconstructive surgery, the Health Benefits Advisor at your local TRICARE Service Center can help determine your coverage.

You can find the number for your local TRICARE Service Center at: www.europe.tricare.osd.mil/benefit/tsclist.asp. You can also call your local military Medical Treatment Facility or contact the Centralized TRICARE Service Center at 00-49-(0) 6302-67-7433.

There are several types of surgeries covered by TRICARE. Some of the more common ones are:

- Correction of a congenital anomaly
- Restoration of body form (including revision of scars) following an accidental injury
- Revision of disfiguring and extensive scars resulting from cancer surgery
- Topical treatment for severe scarring and keloid lesions resulting from burns, surgical procedures or traumatic events, only if there is evidence of impaired function
- Reconstructive breast surgery following a medically necessary mastectomy performed for the treatment of cancer, severe fibrocystic disease, or traumatic injuries



There are a number of surgeries NOT covered by TRICARE. They include:

- Procedures performed primarily for psychological or psychiatric reasons or as a result of the aging process
- Breast augmentation procedures (except post-mastectomy breast reconstruction)
- Revision of scars resulting from surgery and/or disease process, except disfiguring and extensive scars resulting from cancer surgery
- Face Lifts
- Breast Reduction (unless there is a medical documentation of intractable pain not amenable to other forms of treatment)
- Panniculectomy (tummy tuck) body sculpting procedures solely for the purpose of cosmetics
- Removal of tattoos
- Liposuction for body contouring
- The removal of silicone or saline breast implants that were not originally covered by TRICARE. Problems with breast implants may include damage, hardening, leaking, and immune problems. These problems are considered unfortunate outcomes resulting from initial non-covered surgery. Management of these complications is not covered by TRICARE.



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